

220

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	167 State Index No. <u>580</u>
District of <u>Mesa</u>		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Mesa</u>		Co. Register No. <u>366</u>	
or City of <u>(No.)</u>		Local Registrar's No. <u>St; Ward</u>	
FULL NAME OF CHILD <u>Eugene Ruiz</u>		{ Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		{ Alive } <u>NO</u>	
Sex of Child <u>Male</u>	Twin <u>Triplet</u> or other <u>and</u>	Number in order of birth <u>1</u>	Legitimate <u>Yes</u>
Date of Birth <u>Mar 27</u> 191 <u>6</u>		(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Eugene Ruiz</u>		Full Maiden Name <u>Blanca Encandey</u>	
Residence <u>Mesa</u>		Residence <u>Mesa</u>	
Color or Race <u>Mex</u>	Age at last Birthday <u>33</u> (Years)	Color or Race <u>Mex</u>	Age at last Birthday <u>20</u> (Years)
Birthplace <u>Globe Ariz</u>		Birthplace <u>Peru</u>	
Occupation <u>Miner</u>		Occupation <u>HR</u>	
Number of child of this mother <u>1</u>		Number of Children, of this mother, now living <u>1</u>	
Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Mar 27 1916, at 59 M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

Given or Christian name added from a supplemental report 191

Address John H. Looney

Filed Mar 30 1916 LOCAL REGISTRAR

Filed Mar 8 1916 COUNTY REGISTRAR

599-1127-959 COUNTY REGISTRAR